

## MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

=62-026710

STATE FILE NUMBER

DO NOT WRITE  
ON THIS STUB

AMENDED

Registration District No. 128Primary Registration District No. 200Registrar's No. 1120

FILED JUL 30 1962

## 1. PLACE OF DEATH

a. COUNTY

GREENE

b. CITY (If outside corporate limits, give TOWNSHIP only)

OR  
TOWN

SPRINGFIELD

Length of stay in 1b

## 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)

a. STATE

b. COUNTY

GREENE

c. CITY

OR  
TOWN

SPRINGFIELD

Inside Limits

Yes ☒ No ☐

c. FULL NAME OF (If NOT in hospital, give location)

HOSPITAL OR  
INSTITUTION

Burge Hospital

Inside Limits

Yes ☒ No ☐

d. STREET (If outside, give location)

ADDRESS

402 E. Glenwood

Reside on Farm

Yes ☐ No ☒3. NAME OF DECEASED  
(Type or print)

First

Middle

Last

HARLEY

S.

GIBSON

4. DATE  
OF  
DEATH

Month

Day

Year

July

19,

1962

## 5. SEX

Male

## 6. COLOR OR RACE

White

7. Married ☒ Never Married ☐Widowed ☐ Divorced ☐

## 8. DATE OF BIRTH

1/20/1912

## 9. AGE (last birthday)

50

## IF UNDER 1-YEAR

Months

Days

## IF UNDER 24 HR

Hours

Min.

## 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

Highway Patrol Sergeant

## 10b. KIND OF BUSINESS OR INDUSTRY

Missouri Highway Pat.

## 11. BIRTHPLACE (City and state or country)

Missouri

## 12. CITIZEN OF WHAT COUNTRY

USA

## 13a. FATHER'S NAME

J.M. Gibson

## 13b. MOTHER'S MAIDEN NAME

Marinda Reeves

## 14. NAME OF HUSBAND OR WIFE

Grace R. Gibson

## 15. WAS DECEASED EVER IN U.S. ARMED FORCES?

(Yes, no, or unknown) (If yes, give war or dates of service)

No

No

## 16. SOCIAL SECURITY NO.

## 17. INFORMANT

Address

Grace R. Gibson (Wife) Springfield, Mo.

## 18. CAUSE OF DEATH (Enter only one cause per line)

PART I. DEATH WAS CAUSED BY:

## IMMEDIATE CAUSE (a)

Congestive Heart failure

INTERVAL BETWEEN  
ONSET AND DEATH

5 days

Conditions, if any,  
which gave rise to  
above cause (a),  
stating the under-  
lying cause last.

## DUE TO (b)

Coronary Heart Disease

## DUE TO (c)

## PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal

disease condition given in PART I (a)

Diabetes Mellitus - diabetic nephropathy

## PART III. If deceased was female was there a pregnancy in last 90 days.

☐ Yes ☐ No ☐ Unknown19. WAS AUTOPSY  
PERFORMED?YES ☒ NO ☐

## 20a. ACCIDENT SUICIDE HOMICIDE

☐ ☐ ☐

## 20b. DESCRIBE HOW INJURY OCCURRED (Enter nature of injury in PART I or PART II of item 18.)

20c. TIME OF  
INJURY

Hour

a.m.

p.m.

Month, Day, Year

20d. INJURY OCCURRED  
WHILE AT WORK ☐  
NOT WHILE AT WORK ☐20e. PLACE OF INJURY (e.g., in or about home,  
farm, factory, street, office bldg., etc.)

## 20f. CITY, TOWN, OR LOCATION

COUNTY

STATE

21. I attended the deceased from 1950 to 7/19/62 and last saw him alive on 7/19/62Death occurred at 10:30 a.m. on the date stated above, and to the best of my knowledge, from the causes stated.

## 22a. SIGNATURE

(Degree or title)

M.D.

## 22b. ADDRESS

600 S. Glenstone

Springfield, Mo.

## 22c. DATE SIGNED

7-23-62

23a. BURIAL, CREMATION,  
REMOVAL (Specify)

Burial

## 23b. DATE

7/21/62

## 23c. NAME OF CEMETERY OR CREMATORY

Hazelwood Cemetery

## 23d. LOCATION (City, town, or county)

Springfield,

Missouri

## 24. FUNERAL DIRECTOR

ADDRESS

KLINGNER MORTUARY, INC. SPRINGFIELD Mo.

## 25. DATE RECD. BY LOCAL REG.

7-25-62

## 26. REGISTRAR'S SIGNATURE

Effie S. Matton

jhc

(Licensed Embalmer's Statement on Reverse Side)

USE BLACK INK  
OR  
TYPEWRITER RIBBON

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

SHOULD READ

INSTEAD OF

DATE AMENDED

BY AFFIDAVIT OF

MEDICAL CERTIFICATION

DOCUMENT

ITEM NO.

VS 300  
Rev. 4/59

10397

20397

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94201

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121-0

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JUL 30 1962

Permit 7-19-62

**STATEMENT BY LICENSED EMBALMER**

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me  
or by \_\_\_\_\_, Student Embalmer No. \_\_\_\_\_  
working under my personal supervision.

Student \_\_\_\_\_  
Signature of Student Embalmer

Signed

*Max Rhodes*

Licensed Embalmer No. 4071

P. O. Address \_\_\_\_\_  
*Springfield*

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).  
If embalmed by a STUDENT, he also shall sign in his OWN handwriting.  
If this body is not embalmed, fact should be so stated above.